disinfected, and the bladder filled up with fluid through a metallic catheter (with an elastic tube attached to its end) by means of a syringe. The procedure over, the filled bladder was lifted up (except 3 cases where a colpeurynter was used) by means of 2 fingers introduced into the rectum and exercising a steady pressure on the vesical neck and fundus. The bladder was reached through a funnel-like wound, measuring from 4 to 8 cm. superficially, but gradually shortening in deeper layers, the vesical incision oscilated between 3 and 4 cm. After the extraction of calculi, the bladder was washed out with a $^1/_3\%$ solution of salicylic acid, the wound powdered with iodoform and plugged with iodoform gauze or, in cases of cystitis, supplied with a short drainage tube surrounded by the gauze and introduced either in the vesical cavity or only in the cavum Retzii. The drainage was usually removed on a second or third day, but kept somewhat longer in the presence of severe catarrh. In such cases the viscus was daily washed out with a tepid $^1/_3\%$ salicylic solution. The patient was always kept on his back. [Only 4 cases of the series are included in Dr. Solonika's collection of Russian high sections. (*Vide* ANNALS OF SURGERY.—*Reporter*] *Kavkazsky Meditzinsky Sbornik*, 1889, Vol. 49.

VALERIUS IDELSON (Berne).

II. **The Question of Catheterization in the After-Treatment of Suprapubic Cystotomy.** By H. LINDAUER. Lindauer considers the introduction of a permanent catheter, as well as frequent catheterization following suturing of the bladder in suprapubic cystotomy, the occasion of frequent mishap, in spite of the employment of the strictest antisepsis. Basing his practice on this opinion, he omitted this portion of the procedure in four cases; a single catheterization was done in one of these cases. The three other patients urinated spontaneously. Union by first intention occurred in the first three cases. In the fourth case Lindauer was compelled to resort to secondary suture, consequent upon a giving way of the sutures. This latter is attributed to violent coughing efforts on the part of the patient. Complete closure of the opening into the bladder thereupon followed. He suggested that it would seem to be particularly desirable to omit

the use of the permanent catheter in old individuals reduced by severe and prolonged cystitis and the presence of putrid decomposing urine. [It is questionable if retention of a catheter does less harm in these cases than the presence of the decomposed muco-pus and urine. The method of allowing the bladder incision or suprapubic wound to remain open and to close spontaneously, as well as the employment of the cross-incision of Trendelenburg, is to be considered in this connection.]—*Deutsche Med. Wochenschrift*, No. 34, 1888.

III. The Etiology and Treatment of Nocturnal Enuresis in Children. By DR. OBERLANDER. Nocturnal enuresis in children, like some pathological disturbances in adults, are, as a rule, unaccompanied by organic changes, and are to be considered the result of reflex irritation of the urethra or its points of opening. To suggest that the disease is pure enuresis seems insufficient. In proof of this it need only be pointed out that decided success in the cure of enuresis follows the treatment by circumcision, separation of preputial adhesions, and by dilatation or incision of a narrow meatus urinatius. Similar coarctations may occur at other points of the urethra which, as that at the meatus, may disappear during the development of the organs. The treatment recommended by Obeilander, in those cases in which no other cause can be discovered, consists in dilatation of of the posterior portion or the urethra. Three examples of this method of treatment are reported.—*Berliner Klin. Wochenschrift.* Nos. 30 and 31.

G. R. FOWLER (Brooklyn).

SYPHILIS.

I. Muscle Syphiloma. By A. BILE, (Kiel). These were first described by Bouisson (*Gaz. Med.*, 1846). Being readily mistaken for malignant growths, their real occurrence is inversely proportional to their surgical importance. The paper describes a series of cases from the practice of Esmarch, to which are added some from other sources. They are brought under three heads. 1. Of the sterno-mastoid; 4 new and 4 old cases. 2. Of the extremities, 6 new and 4 old. 3. Of